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APPLICANTS

Robert Joseph Panek JR., Huntley, IL;

** CONTINUING DATA *****

AP None

** FOREIGN APPLICATIONS *****

AP None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 13	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>AP</i>	Initials <i>AP</i>	

ADDRESS

Joshua L. Cohen
 Ratner & Prestia Berwyn
 One Westlakes, Suite 301
 P.O. Box 980
 Valley Forge , PA
 19482-0980

TITLE

MEDICAL WASTE DISPOSAL SYSTEM

FILING FEE RECEIVED 3254	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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